

**JENNINGS HOUSING AUTHORITY**

**2012 ANNUAL PLAN SUBMISSION**

**FISCAL YEAR BEGINNING 4/1/2012**

**LA118v01**

<b>1.0</b>	<b>PHA Information</b> PHA Name: <u><b>Jennings Housing Authority</b></u> PHA Code: <u><b>LA118</b></u> PHA Type: <input checked="" type="checkbox"/> Small <input checked="" type="checkbox"/> High Performing <input type="checkbox"/> Standard <input type="checkbox"/> HCV (Section 8) PHA Fiscal Year Beginning: (MM/YYYY): <u><b>04/2012</b></u>					
<b>2.0</b>	<b>Inventory</b> (based on ACC units at time of FY beginning in 1.0 above) Number of PH units: <u><b>166</b></u> Number of HCV units: _____					
<b>3.0</b>	<b>Submission Type</b> <input type="checkbox"/> 5-Year and Annual Plan <input checked="" type="checkbox"/> Annual Plan Only <input type="checkbox"/> 5-Year Plan Only					
<b>4.0</b>	<b>PHA Consortia</b> <input type="checkbox"/> PHA Consortia: (Check box if submitting a joint Plan and complete table below.)					
	Participating PHAs	PHA Code	Program(s) Included in the Consortia	Programs Not in the Consortia	No. of Units in Each Program	
	PHA 1:				PH	HCV
	PHA 2:					
	PHA 3:					
<b>5.0</b>	<b>5-Year Plan.</b> Complete items 5.1 and 5.2 only at 5-Year Plan update.					
<b>5.1</b>	<b>Mission.</b> State the PHA's Mission for serving the needs of low-income, very low-income, and extremely low income families in the PHA's jurisdiction for the next five years:					
<b>5.2</b>	<b>Goals and Objectives.</b> Identify the PHA's quantifiable goals and objectives that will enable the PHA to serve the needs of low-income and very low-income, and extremely low-income families for the next five years. Include a report on the progress the PHA has made in meeting the goals and objectives described in the previous 5-Year Plan.					
<b>6.0</b>	<b>PHA Plan Update</b> (a) Identify all PHA Plan elements that have been revised by the PHA since its last Annual Plan submission: (b) Identify the specific location(s) where the public may obtain copies of the 5-Year and Annual PHA Plan. For a complete list of PHA Plan elements, see Section 6.0 of the instructions.					
<b>7.0</b>	<b>Hope VI, Mixed Finance Modernization or Development, Demolition and/or Disposition, Conversion of Public Housing, Homeownership Programs, and Project-based Vouchers.</b> Include statements related to these programs as applicable.					
<b>8.0</b>	<b>Capital Improvements.</b> Please complete Parts 8.1 through 8.3, as applicable.					
<b>8.1</b>	<b>Capital Fund Program Annual Statement/Performance and Evaluation Report.</b> As part of the PHA 5-Year and Annual Plan, annually complete and submit the <i>Capital Fund Program Annual Statement/Performance and Evaluation Report</i> , form HUD-50075.1, for each current and open CFP grant and CFFP financing.					
<b>8.2</b>	<b>Capital Fund Program Five-Year Action Plan.</b> As part of the submission of the Annual Plan, PHAs must complete and submit the <i>Capital Fund Program Five-Year Action Plan</i> , form HUD-50075.2, and subsequent annual updates (on a rolling basis, e.g., drop current year, and add latest year for a five year period). Large capital items must be included in the Five-Year Action Plan.					
<b>8.3</b>	<b>Capital Fund Financing Program (CFFP).</b> <input type="checkbox"/> Check if the PHA proposes to use any portion of its Capital Fund Program (CFP)/Replacement Housing Factor (RHF) to repay debt incurred to finance capital improvements.					
<b>9.0</b>	<b>Housing Needs.</b> Based on information provided by the applicable Consolidated Plan, information provided by HUD, and other generally available data, make a reasonable effort to identify the housing needs of the low-income, very low-income, and extremely low-income families who reside in the jurisdiction served by the PHA, including elderly families, families with disabilities, and households of various races and ethnic groups, and other families who are on the public housing and Section 8 tenant-based assistance waiting lists. The identification of housing needs must address issues of affordability, supply, quality, accessibility, size of units, and location.					
<b>9.1</b>	<b>Strategy for Addressing Housing Needs.</b> Provide a brief description of the PHA's strategy for addressing the housing needs of families in the jurisdiction and on the waiting list in the upcoming year. <b>Note: Small, Section 8 only, and High Performing PHAs complete only for Annual Plan submission with the 5-Year Plan.</b>					

10.0	<p><b>Additional Information.</b> Describe the following, as well as any additional information HUD has requested.</p> <p>(a) Progress in Meeting Mission and Goals. Provide a brief statement of the PHA's progress in meeting the mission and goals described in the 5-Year Plan.</p> <p>(b) Significant Amendment and Substantial Deviation/Modification. Provide the PHA's definition of "significant amendment" and "substantial deviation/modification"</p>
11.0	<p><b>Required Submission for HUD Field Office Review.</b> In addition to the PHA Plan template (HUD-50075), PHAs must submit the following documents. Items (a) through (g) may be submitted with signature by mail or electronically with scanned signatures, but electronic submission is encouraged. Items (h) through (i) must be attached electronically with the PHA Plan. <b>Note:</b> Faxed copies of these documents will not be accepted by the Field Office.</p> <p><input checked="" type="checkbox"/> (a) Form HUD-50077, <i>PHA Certifications of Compliance with the PHA Plans and Related Regulations</i> (which includes all certifications relating to Civil Rights)</p> <p><input checked="" type="checkbox"/> (b) Form HUD-50070, <i>Certification for a Drug-Free Workplace</i> (PHAs receiving CFP grants only)</p> <p><input checked="" type="checkbox"/> (c) Form HUD-50071, <i>Certification of Payments to Influence Federal Transactions</i> (PHAs receiving CFP grants only)</p> <p><input checked="" type="checkbox"/> (d) Form SF-LLL, <i>Disclosure of Lobbying Activities</i> (PHAs receiving CFP grants only)</p> <p><input checked="" type="checkbox"/> (e) Form SF-LLL-A, <i>Disclosure of Lobbying Activities Continuation Sheet</i> (PHAs receiving CFP grants only)</p> <p>(f) Resident Advisory Board (RAB) comments. Comments received from the RAB must be submitted by the PHA as an attachment to the PHA Plan. PHAs must also include a narrative describing their analysis of the recommendations and the decisions made on these recommendations.</p> <p>(g) Challenged Elements</p> <p>(h) Form HUD-50075.1, <i>Capital Fund Program Annual Statement/Performance and Evaluation Report</i> (PHAs receiving CFP grants only)</p> <p>(i) Form HUD-50075.2, <i>Capital Fund Program Five-Year Action Plan</i> (PHAs receiving CFP grants only)</p>

Annual Statement/Performance and Evaluation Report  
Capital Fund Program, Capital Fund Program Replacement Housing Factor and  
Capital Fund Financing Program

U.S. Department of Housing and Urban Development  
Office of Public and Indian Housing  
OMB No. 2577-0226  
Expires 4/30/2011

<b>Part I: Summary</b>		<b>PHA Name: Jennings Housing Authority</b>		<b>Grant Type and Number</b> Capital Fund Program Grant No: LA48P118501-12 Replacement Housing Factor Grant No: Date of CFFP:		<b>FY of Grant: 2012</b> FFY of Grant Approval:	
<input checked="" type="checkbox"/> Original Annual Statement <input type="checkbox"/> Reserve for Disasters/Emergencies <input type="checkbox"/> Performance and Evaluation Report for Period Ending:				<input type="checkbox"/> Revised Annual Statement (revision no: ) <input type="checkbox"/> Final Performance and Evaluation Report			
<b>Line</b>	<b>Summary by Development Account</b>	<b>Original</b>	<b>Total Estimated Cost</b>	<b>Revised<sup>2</sup></b>	<b>Obligated</b>	<b>Total Actual Cost<sup>1</sup></b>	<b>Expended</b>
1	Total non-CFP Funds						
2	1406 Operations (may not exceed 20% of line 21) <sup>3</sup>	20,000.00					
3	1408 Management Improvements						
4	1410 Administration (may not exceed 10% of line 21)						
5	1411 Audit						
6	1415 Liquidated Damages						
7	1430 Fees and Costs	18,000.00					
8	1440 Site Acquisition						
9	1450 Site Improvement	10,000.00					
10	1460 Dwelling Structures	175,255.00					
11	1465.1 Dwelling Equipment—Nonexpendable	7,000.00					
12	1470 Non-dwelling Structures						
13	1475 Non-dwelling Equipment						
14	1485 Demolition						
15	1492 Moving to Work Demonstration						
16	1495.1 Relocation Costs						
17	1499 Development Activities <sup>4</sup>						

<sup>1</sup> To be completed for the Performance and Evaluation Report.  
<sup>2</sup> To be completed for the Performance and Evaluation Report or a Revised Annual Statement.  
<sup>3</sup> PHAs with under 250 units in management may use 100% of CFP Grants for operations.  
<sup>4</sup> RHP funds shall be included here.

Annual Statement/Performance and Evaluation Report  
Capital Fund Program, Capital Fund Program Replacement Housing Factor and  
Capital Fund Financing Program

U.S. Department of Housing and Urban Development  
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OMB No. 2577-0226  
Expires 4/30/2011

**Part I: Summary**

PHA Name:  
Jennings Housing  
Authority

Grant Type and Number  
Capital Fund Program Grant No: LA48P118501-12  
Replacement Housing Factor Grant No:  
Date of CFFP:

FFY of Grant: 2012  
FFY of Grant Approval:

**Type of Grant**

☒ Original Annual Statement ☐ Reserve for Disasters/Emergencies  
☐ Performance and Evaluation Report for Period Ending:

☐ Revised Annual Statement (revision no: )  
☐ Final Performance and Evaluation Report

Line	Summary by Development Account	Total Estimated Cost	Revised <sup>2</sup>	Obligated	Total Actual Cost <sup>1</sup>	Expended
18a	1501 Collateralization or Debt Service paid by the PHA					
18ba	9000 Collateralization or Debt Service paid Via System of Direct Payment					
19	1502 Contingency (may not exceed 8% of line 20)					
20	Amount of Annual Grant:: (sum of lines 2 - 19)	230,255.00				
21	Amount of line 20 Related to LBP Activities					
22	Amount of line 20 Related to Section 504 Activities					
23	Amount of line 20 Related to Security - Soft Costs					
24	Amount of line 20 Related to Security - Hard Costs					
25	Amount of line 20 Related to Energy Conservation Measures					
Signature of Executive Director <i>Burke Fuller</i>		Date 12/20/11	Signature of Public Housing Director		Date	

<sup>1</sup> To be completed for the Performance and Evaluation Report.

<sup>2</sup> To be completed for the Performance and Evaluation Report or a Revised Annual Statement.

<sup>3</sup> PHAs with under 250 units in management may use 100% of CFP Grants for operations.

<sup>4</sup> RHF funds shall be included here.

U.S. Department of Housing and Urban Development  
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**Expires 4/30/2011**

PHA Name: Jennings Housing Authority

**Grant Type and Number**  
Capital Fund Program Grant No: LA48P118501-12  
CFPP (Yes/ No):  
Replacement Housing Factor Grant No:

Federal FFY of Grant: 2012

<sup>1</sup> To be completed for the Performance and Evaluation Report or a Revised Annual Statement

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<sup>1</sup> To be completed for the Performance and Evaluation Report or a Revised Annual Statement.

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PHA Name: Jennings Housing Authority

### Reasons for Revised Target Dates

[illegible]

<sup>1</sup> Obligation and expenditure end dated can only be revised with HUD approval pursuant to Section 9j of the U.S. Housing Act of 1937, as amended.

# Capital Fund Program—Five-Year Action Plan

U.S. Department of Housing and Urban Development  
Office of Public and Indian Housing  
Expires 4/30/2011

## Part I: Summary

PHA Name/Number Jennings Housing Authority/LA118		Locality (City/County & State)Jennings/Jefferson Davis, LA			<input checked="" type="checkbox"/> Original 5-Year Plan <input type="checkbox"/> Revision No:	
A. Development Number and Name	Work Statement for Year 1 FFY 2012	Work Statement for Year 2 FFY 2013	Work Statement for Year 3 FFY 2014	Work Statement for Year 4 FFY 2015	Work Statement for Year 5 FFY 2016	
B. Physical Improvements Subtotal	Annual Statement	210,255.00	190,255.00		210,255.00	
C. Management Improvements						
D. PHA-Wide Non-dwelling Structures and Equipment			20,000.00	210,255.00		
E. Administration						
F. Other		20,000.00	20,000.00	20,000.00	20,000.00	
G. Operations						
H. Demolition						
I. Development						
J. Capital Fund Financing—Debt Service						
K. Total CFP Funds		230,255.00	230,255.00	230,255.00	230,255.00	
L. Total Non-CFP Funds						
M. Grand Total		230,255.00	230,255.00	230,255.00	230,255.00	

**U.S. Department of Housing and Urban Development  
Office of Public and Indian Housing  
Expires 4/30/2011**

PHA Name/Number Jennings Housing Authority/LA118	Locality (City/county & State) Jennings/Jefferson Davis, LA	<input checked="" type="checkbox"/> Original 5-Year Plan <input type="checkbox"/> Revision No:
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**U.S. Department of Housing and Urban Development  
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Expires 4/30/2011**

	<b>Work Statement for Year: 2</b>									<b>Work Statement for Year: 3</b>							
	<b>FFY 2013</b>								<b>FFY 2014</b>								
	<b>Development Number/Name General Description of Major Work Categories</b>		<b>Quantity</b>	<b>Estimated Cost</b>		<b>Development Number/Name General Description of Major Work Categories</b>		<b>Quantity</b>	<b>Estimated Cost</b>								
See	Security Cameras			20,000.00		Parking lot improvements- Site C			20,000.00								
Annual	Install Central a/h, change out windows, and completely remodel interior of (8) one-bedroom dwelling units			182,255.00		Install Central a/h, change out windows, and completely remodel interior of (8) one-bedroom dwelling units			182,255.00								
Statement	Purchase 9 refrigerators and 9 ranges			8,000.00		Purchase 9 refrigerators and 9 ranges			8,000.00								
	Subtotal of Estimated Cost		\$	210,255.00		Subtotal of Estimated Cost			210,255.00								

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<b>Part II: Supporting Pages – Physical Needs Work Statement(s)</b>						
<b>Work Statement for Year 1 FFY 2012</b>	<b>Work Statement for Year 4 FFY 2015</b>			<b>Work Statement for Year 5 FFY 2016</b>		
	<b>Development Number/Name General Description of Major Work Categories</b>	<b>Quantity</b>	<b>Estimated Cost</b>	<b>Development Number/Name General Description of Major Work Categories</b>	<b>Quantity</b>	<b>Estimated Cost</b>
<b>See Annual Statement</b>	Office renovations		190,255.00	Install culvert and fill in ditch on Guillot Drive		5,000.00
				Install Central a/h, change out windows, and completely remodel interior of (8) one-bedroom dwelling units		185,255.00
<b>Statement</b>				Install covered parking for employees		20,000.00
	Subtotal of Estimated Cost	\$	190,255.00	Subtotal of Estimated Cost		\$210,255.00

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<b>Part III: Supporting Pages – Management Needs Work Statement(s)</b>					
<b>Work Statement for Year 1 FFY 2012</b>	<b>Work Statement for Year 2 FFY 2013</b>		<b>Work Statement for Year 3 FFY 2014</b>		
	<b>Development Number/Name General Description of Major Work Categories:</b>	<b>Estimated Cost</b>	<b>Development Number/Name General Description of Major Work Categories:</b>	<b>Estimated Cost</b>	<b>Estimated Cost</b>
<b>See Annual Statement</b>	<b>Architect Fees and Costs</b>	<b>20,000.00</b>	<b>Architect Fees and Costs</b>	<b>20,000.00</b>	
	<b>Subtotal of Estimated Cost</b>	<b>\$20,000.00</b>		<b>Subtotal of Estimated Cost</b>	<b>\$20,000.00</b>

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